

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$873.00 for dates of service 06/04/01 through 07/20/01.
- b. The request was received on 01/31/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/25/02
 - b. HCFA(s)-1500
 - c. EOB(s)/TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. On 06/24/02 a copy of the provider's initial Request for Medical Dispute Resolution was mailed to the carrier. The provider did not submit any additional information, even though it was requested by the Commission on 03/11/02. The carrier's response which was due 07/09/02 was not received. The Commission's case file did not contain a Notice of Medical Dispute Resolution sign sheet.
3. The certified mail receipt mailing the provider's initial response to the carrier and the Commission's request for the provider's 14 day additional information are reflected in the Commission's case file Exhibit III.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 01/25/02:
“**FOR DOS ...061101...**...On or around 11-17-01, we received an EOB denying payment due to ‘no pre-authorization’...**FOR DOS 062601 through 062901; 072001;**...On or around 01-04-02, we received another EOB stating ‘no pre-authorization’.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 06/11/01 and extending through 07/20/01.
2. The provider submitted updated information indicating the carrier reimbursed for disputed dates of service 06/04/01, 06/05/01, 06/20/01, and 06/22/01. The current dates in dispute are 06/11/01, 06/26/01, 06/27/01, 06/29/01, and 07/20/01.
3. The provider billed \$489.00 for the disputed dates of service. The current amount in dispute is \$489.00. The carrier did not reimburse the provider for the disputed dates of service.
4. The carrier denied the dates in dispute by denial codes:
 "A - >THIS PROCEDURE/SUPPLY MUST BE PRE-AUTHORIZED IN ACCORDANCE WITH TWCC RULE 134.600. ALSO SUPPLIES ASSOC W/ UNAUTHORIZED PROC/SUP ARE DISALLOWED."
5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/11/01	97110	\$70.00	\$0.00	A	\$35.00 per 15 mins.	Rule 133.1 (a) (3) (B); Rule 133.307 (e) (1) (A)	Rule 133.1 (a) (3) (B) states, "A complete medical bill is on the Commission –prescribed form..." Rule 133.307 (e) (1) (A) states, "Each initial request...shall include: a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with § 133.304..." The provider did not submit a reconsideration HCFA for date of service 06/11/01. No reimbursement is recommended.
06/11/01	97010	\$11.00	\$0.00	A	\$11.00		
06/11/01	97014	\$15.00	\$0.00	A	\$15.00		
06/26/01	97110	\$70.00	\$0.00	A	\$35.00 per 15 mins.	Rule 134.600 (h) (10)	Rule 134.600 (h) (10) states, "...treatments and services requiring pre-authorization are:...physical therapy...beyond eight weeks of treatment." The provider submitted documentation which establishes that the claimant's physical therapy began on 05/31/01. Eight weeks of physical therapy beginning 05/31/01 ends 07/25/01, therefore, the dates of service in dispute are within the first eight weeks of physical therapy and do not require preauthorization. Reimbursement in the amount of \$393.00 is recommended.
06/27/01	97110	\$70.00	\$0.00	A			
06/29/01	97110	\$105.00	\$0.00	A			
07/20/01	97110	\$70.00					
06/26/01	97010	\$11.00	\$0.00	A	\$11.00		
06/27/01	97010	\$11.00	\$0.00	A	\$11.00		
07/20/02	97010	\$11.00	\$0.00	A	\$11.00		
06/26/01	97014	\$15.00	\$0.00	A	\$15.00		
06/27/01	97014	\$15.00	\$0.00	A	\$15.00		
07/20/02	97014	\$15.00	\$0.00	A	\$15.00		
Totals		\$393.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$393.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$393.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 26th day of July 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.